

Private Certification – Applicator Information Form

To be filled out by applicant:

Have you previously been certified as a private applicator in Kansas? YES _____ NO _____

(PRINT) Name _____
LAST FIRST MIDDLE

Address _____

City/Town _____ County _____ State _____ Zip _____

Birthdate Driver's License # E-Mail Address Telephone

Month Day Year

SIGNATURE OF APPLICATOR _____

To be completed by county agent:

The above-named individual took the written examination required for private applicator certification.

Exam Date _____ County _____

SIGNATURE _____
County Agent or Designated Official

PM-14

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